

SERFF Tracking Number:	EMCC-125834751	State:	Arkansas
First Filing Company:	EMCASCO Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-IL-2008-07		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0001 Personal Interline Filings
Product Name:	Personal Interline		
Project Name/Number:	/		

Filing at a Glance

Companies: EMCASCO Insurance Company, Employers Mutual Casualty Company, Union Insurance Company of Providence

Product Name: Personal Interline	SERFF Tr Num: EMCC-125834751	State: Arkansas
TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 35.0001 Personal Interline Filings	Co Tr Num: AR-IL-2008-07	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
	Author: Jo Byers	Disposition Date: 09/26/2008
	Date Submitted: 09/26/2008	Disposition Status: Approved
Effective Date Requested (New): 01/01/2009		Effective Date (New): 01/01/2009
Effective Date Requested (Renewal): 01/01/2009		Effective Date (Renewal): 01/01/2009

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/26/2008	
State Status Changed: 09/26/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
September 26, 2008	

Commissioner of Insurance
Arkansas Insurance Department

SERFF Tracking Number: EMCC-125834751 *State:* Arkansas
First Filing Company: EMCASCO Insurance Company, ... *State Tracking Number:* EFT \$50
Company Tracking Number: AR-IL-2008-07
TOI: 35.0 Interline Filings *Sub-TOI:* 35.0001 Personal Interline Filings
Product Name: Personal Interline
Project Name/Number: /

1200 West Third St.
Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415
EMCASCO INSURANCE COMPANY – 062-21407
UNION INSURANCE COMPANY OF PROVIDENCE – 062-21423
Personal Interline Form Filing
Policy Jacket IL7004.1 (10-08)
Company File # AR-IL-2008-07
Effective: January 1, 2009

The captioned companies currently have Personal Interline forms on file with your department, and submit for filing a revised form to be applicable to policies effective on or after January 1, 2009.

Due to a secretary name change and a new President of Dakota Fire, we have made the necessary revisions to our Policy Jacket.

IL7004.1 (10-08) Policy Jacket replaces IL7004.1 (9-07), which was approved on October 24, 2007, your state tracking number AR-PC-07-026493.

We supplement this filing with the \$50.00 filing fee (EFT), Property and Casualty Transmittal Document, marked up form, and a final printed copy of our form.

We respectfully request your approval of this filing, to be applicable to policies effective on or after January 1, 2009.
Thank you.

Jo L. Byers, Filings Analyst
Rates and Filings Dept.
(800) 247-2128 Ext. 2707
jo.l.byers@emcins.com

<i>SERFF Tracking Number:</i>	<i>EMCC-125834751</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>EMCASCO Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>Project Name/Number:</i>	<i>/</i>		

Company and Contact

Filing Contact Information

Jo Byers, Filings Analyst	Jo.L.Byers@EMCIns.com
PO Box 712	(800) 247-2128 [Phone]
Des Moines, IA 50306-0712	(515) 345-2223[FAX]

Filing Company Information

EMCASCO Insurance Company	CoCode: 21407	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name:	State ID Number:
(800) 247-2128 ext. [Phone]	FEIN Number: 42-6070764	

Employers Mutual Casualty Company	CoCode: 21415	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name:	State ID Number:
(800) 247-2128 ext. [Phone]	FEIN Number: 42-0234980	

Union Insurance Company of Providence	CoCode: 21423	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name:	State ID Number:
(800) 247-2128 ext. [Phone]	FEIN Number: 05-0230479	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMCASCO Insurance Company	\$0.00	09/26/2008	
Employers Mutual Casualty Company	\$50.00	09/26/2008	22755361
Union Insurance Company of Providence	\$0.00	09/26/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	09/26/2008	09/26/2008

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Disposition

Disposition Date: 09/26/2008
Effective Date (New): 01/01/2009
Effective Date (Renewal): 01/01/2009
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Policy Jacket	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policy Jacket	IL7004.1	10-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #: IL7004.1 (9-07) Previous Filing #: AR-PC-07-026493		il7004_1_1008.pdf il7004.1_200709 marked up.pdf

EMC Insurance Companies
Home Office
717 Mulberry
Des Moines, Iowa 50309
515-280-2511
800-447-2295
www.emcinsurance.com



*Employers Mutual Casualty Company
Dakota Fire Insurance Company
EMC Property & Casualty Company
EMCASCO Insurance Company
Hamilton Mutual Insurance Company
Illinois EMCASCO Insurance Company
Union Insurance Company of Providence*

 **EMC** Insurance Companies.

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IL7004.1 (10-08)



 **EMC** Insurance Companies.



NONASSESSABLE POLICY — MUTUAL PROVISIONS

The Insured shall not be liable for any assessment under this policy.

By acceptance of this policy the Named Insured becomes a member of the Company and shall be entitled to vote at all meetings of the Company, and shall upon termination of this policy, participate in the distribution of dividends as fixed and determined by the directors in accordance with law. The annual meeting of the members is held at the Home Office of the Company in Des Moines, Iowa, at 9:30 a.m. Central Time, on the second Wednesday in March of each year.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President



IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President



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[Signature] Secretary

[Signature] President



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[Signature] Secretary

[Signature] President



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By acceptance of this policy the Named Insured becomes a member of the Company and shall be entitled to vote at all meetings of the Company, and shall upon termination of this policy participate in the distribution of dividends as fixed and determined by the directors in accordance with law. The annual meetings are held at the Ohio branch office of the Company (currently located in Blue Ash, Ohio) on the third Monday of February in each year, at 1:00 p.m. Eastern Time. If the third Monday falls on a legal holiday in the state of Ohio, the meeting will be held on the next business day.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President



IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President



MUTUALS — MEMBERSHIP AND VOTING NOTICE

The Insured is notified that by virtue of this policy, the Insured is a member of the Employers Mutual Casualty Company of Des Moines, Iowa, and is entitled to vote either in person or by proxy at any and all meetings of said Company. The Annual Meetings are held in its Home Office, Des Moines, Iowa, on the second Wednesday of March, in each year, at 9:30 a.m. Central Time.

MUTUALS — PARTICIPATION CLAUSE WITHOUT CONTINGENT LIABILITY

No Contingent Liability: This policy is non-assessable. The policyholder is a member of the Company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President

EMC | Employers Mutual Casualty Company
Home Office Des Moines, Iowa

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[Signature] Secretary

Bruce E. Kelley President

EMC | EMCASCO Insurance Company
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

Richard W. Hoffmann Secretary

Bruce E. Kelley President

EMC | Union Insurance Company of Providence
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

Richard W. Hoffmann Secretary

Raymond Z. Leary President

EMC | Illinois EMCASCO Insurance Company
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

Richard Hoffmann *[Signature]* Secretary

James A. Holt President

EMC | Dakota Fire Insurance Company
Home Office Bismarck, North Dakota

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

Marilyn Ternes
[Signature] President



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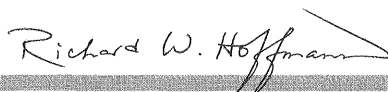
IN WITNESS WHEREOF, this Company has executed and attested these presents.

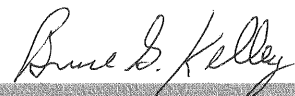
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 President



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 Secretary

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	09/26/2008
Comments:				
Attachment:				
pctd.pdf				

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div>New Business</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Renewal Business</div> <div></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
EMC Insurance Companies	062

4. Company Name(s)	Domicile	NAIC #	FEIN #
Employers Mutual Casualty Company	IA	21415	42-0234980
EMCASCO Insurance Company	IA	21407	42-6070764
Union Insurance Company of Providence	IA	21423	05-0230476

5. Company Tracking Number	AR-IL-2008-07
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jo L. Byers P.O. Box 712 Des Moines, IA 50306-0712	Filings Analyst	800-247-2128 ext. 2707	515-345-2223	Jo.L.Byers@EMCIns.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Jo L. Byers

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Personal Interline
10. Sub-Type of Insurance (Sub-TOI)	Personal Interline
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Personal Interline
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 1/1/09 Renewal: 1/1/09

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		AR-IL-2008-07		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		n/a		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Policy Jacket	IL7004.1 (10-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL7004.1 (9-07)	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		